



**Department of
Neighborhood &
Environmental
Programs**

SEAPUPS APPLICATION # (Office of the Mayor) # _____

**TENT, STAGE OR OTHER TEMPORARY STRUCTURE PERMIT for
SPECIAL EVENTS APPLICATION FOR PRIVATE USE OF PUBLIC SPACE**

This application, with required attachments, must be submitted to DNEP at least 30 days prior to the proposed event. A pre-application meeting with the Special Event Coordinator is highly recommended. Contact: Karen Engelke, 410-263-7996; fax 410-216-9284, or email to kengelke@annapolis.gov for this meeting

Event Date: _____ **Date Submitted:** _____ **Date approved:** _____

Permit Fee Paid: \$ _____ **Reviewed By:** ☐ DNEP _____ ☐ Electrical _____

☐ Fire Marshall _____ ☐ P & Z _____ ☐ County Health Inspector _____

☐ pre event inspection scheduled ☐ post event inspection scheduled

Comments: _____

EVENT TITLE			Sponsoring Organization Status →	<input type="checkbox"/> City Residential or Community Group <input type="checkbox"/> Not for profit (copy of IRS letter req.) <input type="checkbox"/> For Profit (Fed. Tax ID required) <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Private Citizen
Sponsoring Organization				
Contact Person			Alternative contact:	
Address of sponsoring organization			Phone →	
			Cell phone during event →	
			E-mail	
Address of permitted site (Attach MAP)			WARD # _____ Historic District? YES NO	
Date// Rain date			Times access needed to site: Set up Breakdown	
Times event is open to public				
TEMPORARY STRUCTURES	<input type="checkbox"/> TENT <input type="checkbox"/> STAGE <input type="checkbox"/> OTHER <input type="checkbox"/> GENERATOR Site Map is required for <u>all</u> temporary structures <i>Unless express permission is granted by the Department of Public Works, all structures must be free standing (no objects may be driven or screwed into the public right of way) and no structures may block or cover any manholes, fire hydrants or valve boxes.</i>			
TENT Fire Marshal review for greater than 20' x 40' size	Size (s): Number	Flame Spread Rating:	Construction method:	Name, address and phone # of licensed company erecting structure(s):
Other structures	Type: _____ Size: _____			
Electrical Supply If YES , must get separate electrical Permit	Generator: Size and location (Site map required)			Cooking or Food Served: If YES must have County Health inspection. (Call Larry Luck 410-222-7239) Description of food related activity:
Toilet facilities plan: (2 per 100 attendees; ADA required)	Provide site plan, details			
I have read and understand all the terms and conditions of this application. I am authorized by the applicant organization to sign on its behalf. My signature represents my acceptance of these terms and conditions. Signature: _____ Date of Application: _____				
MAP AND SITE PLANS ATTACHED: <input type="checkbox"/> tent <input type="checkbox"/> stage <input type="checkbox"/> food service <input type="checkbox"/> electrical <input type="checkbox"/> other				